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ABSTRACT

This is the first issue of a newsletter for those in Texas higher education who are interested in the prevention of alcohol and other drug abuse within higher education. The lead article, based on an unpublished study, addresses Acquired Immune Deficiency Syndrome, in particular the link between drug and alcohol use and sexual behavior. A section titled "Views" explores the formal meaning of the definition of alcoholism. A two page news section provides short write-ups of events, personalities working in the field, and legislation news. "Intelligence Connections," which will be a regular column on computer data base resources, indicates topics for future columns and reviews some of the most widely known services. A column titled "Research Review" in this issue focuses on genetics and alcoholism. "Curriculum Issues" announces curriculum related changes that were reported at a meeting of the Central Texas Consortium. Two pages are devoted to news about Substance Abuse Specialists in Higher Education (SASHE). "Evaluation Enhancement" contains two articles on evaluation. The following section, which focuses on the Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse, provides a statement of purpose and a list of network standards. A final column, "Organizational Linkages," provides contacts, addresses, telephone numbers and descriptions for key organizations. (JB)

LINKAGES: TEXAS HIGHER EDUCATION DRUG ABUSE PREVENTION DIGEST

VOLUME 1, No. 1. - Fall 1990

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The Network for Drug Free Colleges/ERIC/HE Project

The ERIC Clearinghouse on Higher Education has been given federal funds to process a special collection of policy, program and curriculum documents produced by the Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse, a coalition of institutions initiated by the Department of Education, Office of Educational Research and Improvement in response to the 1989 Drug Free Schools and Communities Act.

Major objectives of the project are to:

- increase access to the information on programs, policies, and curricula developed by Network member institutions;
- encourage the use of the ERIC system by Network member institutions;
- improve the Network's ability to know about, and share information on activities at member institutions; and
- test a model for collaboration with ERIC that other national agencies might adopt.

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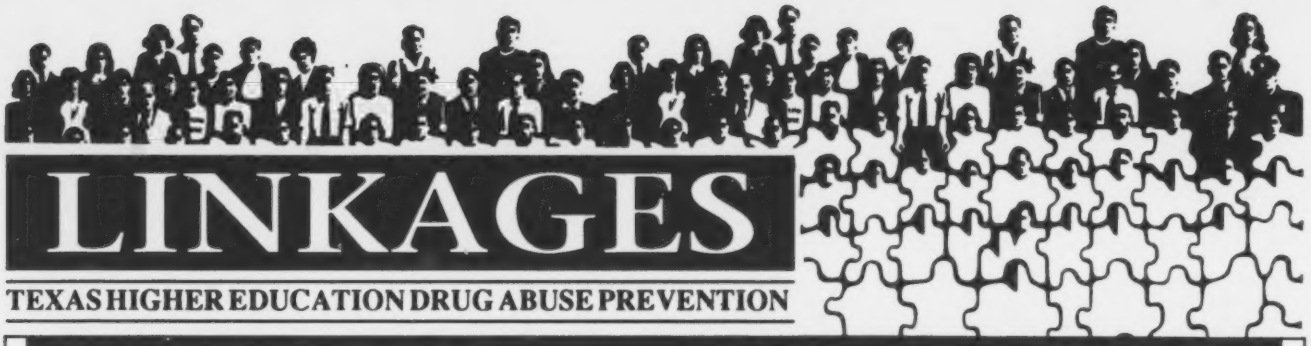

LINKAGES

TEXAS HIGHER EDUCATION DRUG ABUSE PREVENTION

AIDS ON COLLEGE CAMPUSES: THE ALCOHOL-DRUG CONNECTION

◆

Dr. Loyd Wright presented these ideas in August , 1990 at the 33rd Annual Institute on Alcohol and Drug Studies, Austin, Texas. The material is based on unpublished SWT team research.

by Dr. L. Wright, Dr. John Garrison and Dr. David Watts

College students are potentially a "high transmission" group which suggests that reducing the heterosexual transmission of AIDS should be a major concern of college and university administrators.

In the spring of 1989, as part of a drug use prevalence study, self-administered questionnaires were given to over 2,500 undergraduates at a southwestern state-supported institution with a student population in excess of 20,000. The questionnaires were given to students enrolled in sophomore political science classes and freshman English classes and were completed during regularly-scheduled classtime. Student participation was voluntary and all responses were anonymous. The final sample included 966 males and 1,208 females.

COLUMNS

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These researchers found that males were more promiscuous than females, that Greeks were more promiscuous than non-Greeks, and that 1% of the respondents had injected drugs in the previous year. All have implications for AIDS prevention programs. But the most important findings were the significant relationships between unprotected sex with multiple partners and the use of alcohol and other drugs. Based on algebraic formulas and logical assumptions, after seven years of changing sexual partners yearly, the average smoker would have 4 to 11 times as many direct and indirect sexual contacts as would the average light drinker. The strong relationship between smoking and sexual behavior was not anticipated. However, a post hoc analysis revealed that in comparison to non-smokers, smokers were twice as likely to be heavy drinkers, seven times as likely to have used cocaine, amphetamines and LSD in the previous month, and 25 times more likely to have used heroin.

The differences in mean numbers of sexual partners among members of the various alcohol and drug user groups were so great, there can be little doubt that alcohol and drug use is actually linked to risky sexual behavior. This finding means that the alcohol and drug problems currently facing our country are also going to speed the spread of AIDS. However, the implications for the development of AIDS prevention programs on college campuses depend greatly on **why** the use of alcohol and drugs and sexual behavior are so closely linked in our society. Logic alone suggests it is unlikely that different drugs, with different chemical properties, would all reduce sexual inhibition and/or increase sexual pleasure. Perhaps the most convincing evidence that it is personal expectancies and not solely the chemical properties of alcohol which cause disinhibition comes from cross-cultural anthropological studies. If a culture believes that alcohol changes behavior, then that behavior is what occurs.

IMPLICATIONS AND RECOMMENDATIONS

Based on the findings of this study, information obtained from a review of the literature, and the team's experiences in the area of drug abuse prevention, they recommend the following components be included in AIDS prevention programs for college students.

1. **Increase the sense of vulnerability.** Promoting AIDS hysteria would be counterproductive, but college students frequently feel that they are immune to the risk of AIDS. Since the virus can lie dormant for years, a single sexually active person could potentially be responsible for infecting many people before he/she began to show symptoms of the disease. While exposure to HIV can come from any unprotected sexual contact, students are particularly at risk if they have sex with multiple partners, or anyone who has sex with multiple partners. Factual information makes denial more difficult.

2. **Challenge the Alcohol-Disinhibition Hypothesis.** It is well-documented that adolescents tend to believe that alcohol enhances social pleasure and reduces sexual inhibition. Alcohol has become the magic potion. To counter this effect, health educators should present scientific evidence which fails to support the alcohol-disinhibition hypothesis and lets the students arrive at their own conclusions.

3. **Stress "Societal Good".** Prevention messages should stress the societal cost and the danger to our collective future, as well as, the dangers to individuals. Telling a healthy adolescent male that he should avoid unsafe sex because it is dangerous is likely to be about as effective as having told Davy Crockett he should avoid the Alamo. It should be stressed that while many people will escape the actual disease, no one will escape its impact. Our health care system will be overwhelmed, our health insurance programs will be exhausted and the economic and human costs, already staggering, will become devastating.

4. **Combat denial.** One type of denial is simply the refusal to consider possible consequences of one's behavior on others. Because young people appear to use this strategy frequently, it is recommended that university personnel stress the possible consequences of unprotected casual sex not only to the individual, but to their future children.

5. **Communicate that the next group at high risk for AIDS will be heavy drinkers and other drug users.**

Heavy drinkers and drug users tend to engage in behaviors which place them in double jeopardy. First, they are more likely to engage in unsafe sex with people who are infected; and second, because of the stress that alcohol and other drugs place on their bodies, they have less resistance to infection. In other words, heavy drinkers and drug users are not only more likely to come in contact with the AIDS virus, they are more likely to become infected when they do. The key message for the general student body is to avoid unsafe sex with anyone, but intimate behavior with heavy drinkers and drug users should definitely be avoided.

6. **Combat Peer Pressure.** Young people do not want to appear that they are more concerned about AIDS than their friends, nor do they want to insist on the use of condoms if they think they are not being used by their peers. If their reference group, perhaps a Greek organization, values heavy drinking and casual sex with multiple partners, then it will be difficult for an individual member to counter this norm single-handedly. For these reasons, AIDS prevention messages should be presented first to Greek and other student organizations, and these groups should then be encouraged to spread the word to others (e.g., to residence halls, high school students, and other student organizations).

7. **Make condom use the norm.** Those students who decide they will continue to engage in casual sex after knowing of the potential consequences should be cautioned to engage in protected sex while sober, i.e., using a condom while not under the influence of alcohol or other drugs. Alcohol and drugs should not be viewed as the "ticket" required to engage in guilt-free casual sex. Perhaps assertiveness training should be combined with education about safe sex practices.

8. **Tailor your message.** Certainly you would not give the same message to a non-Greek service organization as you would to a fraternity which is known to value heavy drinking. It is important that we take into consideration such things as ethnic differences, religious and cultural characteristics which may not be obvious without an anonymous survey of the individual group members. Institutions which lack the expertise and/or equipment necessary to do such surveys are encouraged to seek help from outside sources. If your university or college desires assistance or more information please feel free to contact Loyd Wright at the Center for Substance Abuse Prevention and Addiction Studies at Southwest Texas State University (512-245-2449).

CONCLUSION

With no cure or vaccine for AIDS currently available, our best defense against the AIDS epidemic will be major lifestyle changes by our population as a whole. With two in every thousand college students already infected with HIV, continued sexual experimentation by college students, combined with heavy drinking and drug abuse, will have devastating long-term consequences. The alcohol/drug problem, which is already costing our country billions of dollars and hundreds of thousands of lives yearly, is also going to contribute greatly to the spread of AIDS. It seems unlikely that we will be able to curb the AIDS epidemic without simultaneously reducing the use of alcohol and other drugs as well. AIDS education is crucial, but knowledge alone will not be enough. Until students believe that they are personally at risk, and that the future of our society is in jeopardy, they will lack the motivation necessary to make the changes in life styles required.

WHY LINKAGES?

Linkages is designed to provide a vehicle for sharing, analyzing, filtering, and amplifying diverse information among professionals interested in the prevention of alcohol and other drug abuse in higher education. ***Linkages*** connects at least eight dimensions in higher education which impact alcohol and other drug abuse education.

- **Administration** enhances organizational effectiveness by sharing individual institutional responses to legislative demands and social concerns.
- **Faculty** in all disciplines develop curriculum based on personal and professional beliefs about substance abuse issues.
- **Research** can be strengthened by converging knowledge through collective networking.
- **The Network of Colleges and Universities Committed to the Elimination of Drug & Alcohol Abuse** connects institutions and provides financial support for publication through the Texas Region of Network institutions.
- **Substance Abuse Specialists in Higher Education (SASHE)** is an organization which connects individuals within institutions.
- **Consortia** facilitate delivery of quality services for a specific geographic region.
- **Law Enforcement** serves as a resource to identify and refer individuals who may benefit from early intervention and treatment.
- **Spirituality** fosters awareness of interrelatedness.

Linkages is aimed toward exploration of issues affecting all sectors of higher education-private and public colleges/universities; junior and senior colleges/universities; and clinical centers. Because of the diversity of the problem and uniqueness of special interests for specific areas of substance abuse, four separate newsletters were originally conceived. As the newsletter(s) evolved, the same information seemed highly relevant to all groups. One publication emerged as a digest. The first issue of ***Linkages*** attempts to provide key on-going columns which target a variety of needs. The format of this publication will be an interactive developmental process which focuses on common concerns of professionals who struggle with the same issues. For example, Dr. David Cordova sees student involvement as a nourishing input and he has promised he will facilitate student contributions on such topics as "Marketing to Students." (Dr. Cordova is at the University of Texas Medical Branch at Galveston and is the director of the Health Administration undergraduate program which focuses on substance abuse administration.) ***Linkages*** will be published in the Fall and Spring. Make each edition more responsive than the preceding issue by sharing ideas, suggestions, comments, photos, abstracts, news, or suggestions. You can also enhance effectiveness by sharing this publication with your colleagues. Individuals can add their name to the mailing list by expressing interest to the editor.

Julie Long, a student enrolled in a graduate evaluation class (focus: health and human resource development) has volunteered to evaluate the first issue. Complete the attached evaluation form and help enhance the usefulness of this digest. This first issue became a reality through volunteer contributions from over twenty individuals in private and public universities and clinical centers.

VIEWS

MEDICAL MODEL DEFINITION OF ALCOHOLISM

From the National Council on Alcoholism & Drug Dependence (February 3, 1990) and the American Society of Addiction Medicine (February 25, 1990)

According to the medical model, alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic drinking, impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial.

"Disease" means an involuntary disability. It represents the sum of the abnormal phenomena displayed by a group of individuals. These phenomena are associated with a specified common set of characteristics by which these individuals differ from the norm, and which places them at a disadvantage.

"Often progressive and fatal" means that the disease persists over time and that physical, emotional, and social changes are often cumulative and may progress as drinking continues. Alcoholism causes premature death through overdose, organic complications involving the brain, liver, heart, and many other organs and by contributing to suicide, homicide, motor vehicle crashes, and other traumatic events.

"Impaired control" means the inability to limit alcohol use or to consistently limit (on any drinking occasion) the duration of the episode, the quantity consumed, and/or the behavioral consequences of drinking.

"Preoccupation with the drug alcohol use" indicates excessive, focused attention given to the drug alcohol, its effects, and/or its use. The relative value thus assigned to alcohol by the individual often leads to a diversion of energies away from important life concerns.

"Adverse consequences" are alcohol-related problems or impairments in such areas as: physical health (e.g., alcohol withdrawal symptoms, liver disease, gastritis, anemia, neurological disorders); interpersonal functioning (e.g., marital problems and child abuse, impaired social relationships); occupational functioning (e.g., scholastic or job problems); and legal, financial, or spiritual problems.

"Denial" is used here not only in the sense of a single psychological defense mechanism disavowing the significance of events, but more broadly to include a range of psychological maneuvers designed to reduce awareness of the fact that alcohol use is the cause of an individual's problems rather than a solution to those problems. Denial becomes an integral part of the disease and a major obstacle to recovery.

NEWS

DRUG FREE SCHOOLS APPROPRIATIONS FOR HIGHER EDUCATION REDUCED FROM 8% TO 3%

Since the passage of the Drug-Free Schools and Communities Act (DFSCA) of 1986, the overall budget has increased from $200 million to $569 million in 1990.

At the same time, the percentage for elementary and secondary education has increased from 92% in 1987 to 97% in 1990. The net effect of this increase has been that while Section 5112 (a) (4) still says that 8% is earmarked for institutions of higher education the actual percentage of the DFSCA appropriations has been reduced from 8% in FY 1987 to approximately 3% in 1990.

The DFSCA specifies that, "Not less than 50% (4% of Section 5131: Grants to Institutions of Higher Education) of sums available for the purpose of this section shall be used to make grants under (the original) subsection (d)"; these are the FIPSE Drug Prevention Grants.

The DFSCA of 1989 (PL 201-226) effectively formalized the reduction from 8% to about 4% by freezing Section 5131 of the FY 1989 level (about 26.7 million). Since then, the Department of Education has further reduced the amount in Section 5131 to 19.2 million, about 3%.

The effect of this reduction in funds means that Higher Education is being shortchanged. Opportunities to reach a segment of the population that needs assistance are being lost. In addition, the Texas Commission on Alcohol and Drug Abuse, at the direction of the Texas Legislature, excludes high-risk youth of college age (18-20) from DFSC pass-through funds for high-risk youth. We must increase our political efforts at the state and federal levels to address these inequities.

♦♦♦

CURRENT CONSORTIA

Texas now has three FIPSE (Fund for the Improvement of Post Secondary Education) funded drug abuse prevention consortia. The North Texas consortium administered by Sam Brito at SMU and the Central Texas Consortium administered by H.H. Howze at SWT have been joined by a new consortium administered by Suzanne Brent at West Texas State University. Congratulations West Texas State!

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NEW FOCUS : SUBSTANCE ABUSE HEALTH ADMINISTRATION

Dr. David Cordova, Chair, Dept. of Health Related Studies, The University of Texas Medical Branch, reports implementing the first Texas Health Administration program to offer a focus in substance abuse administration. Students with an associate degree in substance abuse issues or certified alcohol and drug abuse counselors will find this major an attractive option for advancing their professional education. The practicums are modeled after Long-Term Care recommendations to have the practicum begin the junior year. The new Drug Free Schools amendments encourage institutions of higher education to offer degree programs in Substance Abuse Prevention Administration.

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BLINN SENDS BOB

Bob Haberman, Dean of Men at Blinn College, represented the Central Texas Consortium for Drug Abuse Prevention at the FIPSE Grantee Meeting in Washington, D. C. Blinn is the largest residential two-year college in Texas. Under Dean Haberman's leadership, substance abuse surveys were implemented at all three Blinn campuses during the Spring of 1990. The surveys have been compiled and a report issued to Blinn College administrators. Congratulations, Bob !

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A SPECIAL APPRECIATION

Deborah Southwell, SWT graduate student enrolled in Allied Health Education (focus Human Resource Development), generously volunteered her talents to help design and create *Linkages* while it changed and developed over a nine month period.

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TEXAS NETWORK FORUM HELD JUNE 8

Fifty-nine representatives of fifty Texas institutions of higher education attended the first TEXAS NETWORK FORUM at Texas Christian University on June 8 to discuss the implementation of NETWORK standards.

The TEXAS NETWORK FORUM was held in conjunction with two concurrent conferences. On Thursday, June 7, and Friday, June 8 the Texas Commission on Alcohol and Drug Abuse (TCADA) held the first state-wide CONFERENCE FOR HIGHER EDUCATION. Approximately thirty faculty and curriculum providers attended. A few of these participants also registered for the FORUM. Forum participants were welcomed by Barbara Brown

(continued)

Herman, Director of Alcohol and Drug Education at Texas Christian University and by H. H. Howze, Director of the ADEPT Center at Southwest Texas State University on behalf of the NETWORK. The morning presenter, Dr. John R. Seffrin of Indiana University combined facts with inspiration to emphasize the importance of health promotion and drug abuse prevention.

During the morning session, a concise institutional assessment instrument developed especially for the Forum was distributed. Participants were asked to complete the assessment, list at least one campus tradition involving alcohol which needs to be changed, and discuss how these tradition(s) might be redesigned or discarded.

Luncheon speakers were chosen to mobilize support for drug abuse prevention in higher education from several sectors. The Honorable Wilhelmina Delco, Chair of the Texas House Education Committee represented the political sector. Dr. Jerome Supple, President of Southwest Texas State University addressed the need for institutional change at all levels. Dr. Ron Bucknam from FIPSE spoke briefly on federal support for institutions of higher education in the drug abuse prevention arena. Bob Dickson, Executive Director of TCADA, also addressed the Forum luncheon.

Early Friday afternoon a national FIPSE-funded conference for student peer leaders and drug abuse prevention programmers began at TCU. FORUM participants attended the opening plenary session as the final event of their conference. Dr. Margaret Barr, Vice Chancellor for Student Affairs, addressed an audience of three hundred on "The Traps of Abuse and Addiction." Another Texas Network Forum is being planned for Spring 1991.

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FINAL FEDERAL REGULATIONS FOR DRUG FREE SCHOOLS AND CAMPUSES ISSUED

The final federal regulations governing the implementation procedures for the 1989 amendments to Drug Free Schools and Communities Act and the Higher Education Act of 1965 have been issued. The question and answers section attached to the regulations address many questions concerning an institutions ' duties and responsibilities under the act. Prevention programs must be implemented by all higher education institutions no later than Oct. 1,1990.

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DRUG FREE SCHOOLS AND CAMPUSES AMMENDMENTS

Amendment of 1989 (Public Law 101-226)

New requirement for the Drug-Free Schools and Communities Act took effect October 1, 1990. According to the legislation, "no institution of higher education will be eligible to receive funds or any other form of financial assistance under any federal program, including participation in any federally funded or guaranteed student loan program, unless it certifies to the secretary (of education) that it has adopted and has implemented a program to prevent the use of illicit drugs and the abuse of alcohol by students and employees including

(1) the annual distribution to each student and employee of:

(A) standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of its activities;

(B) a description of the applicable legal sanctions under local, State, or Federal law for the unlawful possession or distribution of illicit drugs and alcohol;

(C) a description of the health risks associated with the use of illicit drugs and the abuse of alcohol;

(D) a description of any drug or alcohol counseling, treatment, rehabilitation and/or re-entry programs that are available to employees or students; and

(E) a clear statement that the institution will impose sanctions on students and employees (consistent with local, state, and federal law), and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution."

Institutions will be required to conduct a biannual review to determine its effectiveness and implement changes to the program, if needed.

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TCADA INSTITUTE

The annual Texas Commission on Alcohol and Drug Abuse (TCADA) Institute on Drug and Alcohol Studies will be split into two week-long sessions next year. The sessions will be held from July 14-19 and July 21-26 at the Stouffer Hotel in Austin.

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CONSORTIUM PROPOSALS SOUGHT

According to Dr. Ron Buckman, Director of Drug Prevention Programs for the Dept. of Education, current members of higher education consortia are encouraged to apply for new consortium grants

INTELLIGENCE CONNECTIONS

LINKAGE SCOUT...
CHARLES M. JOHNSON,PH.D.,
HEALTH ADMINISTRATION DEPT.
SWT, SAN ANTONIO, TEXAS

FALL 1990: INTELLIGENCE SOURCES (COMPUTER DATA BASE) FOR THE WAR ON SUBSTANCE ABUSE

The military mobilization and impending war for the oil fields of the Arabian peninsula have driven home the importance of accurate and timely information. Media screens flashed images of President Bush directing the effort to put the United States on a war footing from his fishing boat or golf cart. It has been these scenes which have driven home the fact that telecomputing or telecommanding has finally arrived. President Bush, although rushed in his golf game (setting a new record for his shortest game), could conduct the affairs of state and direct the largest military mobilization since Vietnam because of the immediacy of information. Think of information as intelligence in the sense of military intelligence. If we shall win this "war" on drugs then our front line commanders (higher education drug abuse specialists) must have at their disposal the very latest information (or intelligence) on the enemy and battle field conditions.

It will be the purpose of this column to identify and examine the utility of "intelligence" sources available to those who are fighting this "war." The intelligence sources presented will be less of the secret cloak and dagger type, and more of the publicly available resources. In each issue of *Linkages,* I will introduce one or two publicly available information sources which will make your job easier. Almost all these sources will be on-line computerized databases. All the databases will contain important information on drug abuse or sexually transmitted diseases. Readers of this column are encouraged to write and share innovative and creative information sources that they have personally found useful. I will explore and report on as many as I can. This issue will focus on "intelligence" available from the National Library of Medicine. Later issues will include the international research networks BITNET and Internet, National Center for Health Statistics, legal databases such as Lexis and Westlaw, commercial services such as Dialog, BRS, and Compuserve, and publicly available continuing studies available through the Inter-University Consortium of Political and Social Science Research. These will be more than enough to get us started, but I hope readers will contribute others they find particularly useful.

The principal information source any professional should be using to stay current on recent developments in treatment or trends in substance abuse or sexually transmitted diseases is a new service provided by the National Library of Medicine called "Grateful Med" (no relationship to the Grateful Dead). This is a computer program which runs on either MS-DOS (IBM) or Macintosh microcomputers. Most of us may have used bibliographic search librarians to conduct computerized bibliographic searches for us earlier; **but now the process has been automated, so that anyone can conduct their own searches from their office or home.** The program presents the user with a blank form to complete which describes their literature interest. An extensive Medical Subject Heading (MESH) dictionary has easy to choose terms which may help in a MEDLINE search. You can search for articles that have a specific word in the title, or use the subject fields. Searches can be limited to journal titles, time, or English language only. After filling in the form, the microcomputer will automatically access the computer databases of the National Library of Medicine and execute a bibliographic search. **The user does not need to know anything about the required search syntax. All you need do is sit back and watch the microcomputer take charge.** It's fascinating to watch!

Upon completion of the search, the computer will capture the search results onto disk and disconnect from the network. You can then print the search without more charges for connection to the computer network or NLM computers. You can also edit or include this bibliography in another document prepared by most common word processors. An amazing feature of this information source is that individuals can establish a personal account with NTIS (National Technical Information Service) and be billed for their use of the databases on a monthly basis. Unlike other NTIS services, you do not need to maintain cash on deposit. Often, searches done through Grateful Med are less costly than if you use a professional bibliographic search librarian. Grateful Med users are dialing directly into the National Library of Medicine computers, whereas many librarians are forced to access the NLM computers through third party information providers such as Dialog or BRS. Grateful Med users also can take advantage of lower night rates, and students can search for half price through special student accounts.

Ready to search? Well, let's examine what intelligence may be available to you through this source. First, there's **MEDLINE** - the premiere computerized database for clinical information. MEDLINE contains more than

Medicus. But, this and other databases listed below index more than just medical journals. All major journals in the social sciences can be found in at least one NLM database. An added advantage of using a computerized database is that you can search for bibliographic citations indexed by more than one term from the MESH (Medical Subject Headings). Usually, especially in more recent years, you will receive a complete abstract of the article. By reading the abstracts, you will be able to gain a good sense of the literature without the time needed to read the complete article. For some people, this will be all they need, saving that trip to the library.

A few of the other databases searchable through Grateful Med include **AIDSLINE** - a database of selected literature on Acquired Immunodeficiency Syndrome (AIDS) and related subjects from 1980 to present; **AVLINE** - an audio visual catalog of over 19,000 programs useful to health professionals, but not including patient education materials; **CHEMLINE** - a chemical dictionary database which can be carried to the other databases as search terms; **DIRLINE** - a database of over 15,000 organizations important to health professionals; and **HEALTH Planning and Administration** - a database of non-clinical bibliographic information important to health care delivery and administration.

Convinced? I hope you are, since anyone involved in the treatment or administration of substance abuse or sexually transmitted disease programs will find intelligence useful in the execution of their responsibilities. Whether you are a practitioner or researcher, you need to be using Grateful Med. Its easy and inexpensive to use. **To get your copy of Grateful Med, call (800) 638-8480 or (301) 496-6193 for Maryland residents,** and ask for an application form to establish a Grateful Med account. Students should ask for a special student form good for a limited time while they are in school. In addition, ask for an NTIS order form for the program Grateful Med. Be sure to identify either an MS-DOS or Macintosh version. The program costs only $29.95 plus handling charges. Updates have been free so far. Each new account (except student accounts) comes with $40.00 worth of free practice time. At this price, this is the best bargain I know of in the world of telecomputing information services.

Be an informed user of intelligence. Use your intelligence sources and you too may have time for a quick game of golf while fighting substance abuse. Remember, if you know of an especially useful and publicly available information source, don't be shy...share it with us and I'll try to pass information along to your fellow readers. Next time, I'll discuss the tremendous information resources available over the international research networks - BITNET and Internet. Connect to these resources and you'll literally be connected to the world and participating in the latest, fast breaking news important to your fields.

RESEARCH REVIEW

GENETICS AND ALCOHOLISM

By Dr. D. Theron Stimmel, Psychologist
Southwest Texas State University

A recent study published in the April 19, 1990 Journal of the American Medical Association indicates that the dopamine D2 receptor gene may be associated with at least one form of alcoholism. Dr. Kenneth Blum of the Department of Pharmacology, University of Texas Health Science Center in San Antonio, along with eight colleagues studied the brain tissue from 35 alcoholics and 35 nonalcoholics. They found an allelic association of the dopamine D2 receptor gene with alcoholism.

The brain tissues used in this study were obtained from post-mortems. Most of the alcoholics in this study had been treatment and rehabilitation failures, and the causes of death had been linked to their drinking. Since there is probably more than one kind of alcoholism, this genetic linkage might index a particularly virulent type.

Dopamine was linked to the reward qualities of both cocaine and alcohol in previous research studies. They found an allelic association in 69% of the alcoholics and only 20% of the nonalcoholics. This was statistically significant. There were no significant differences between blacks and whites or men and women in the alcoholic group.

The authors caution that these findings suggest a relationship. Further research is needed and is being conducted.

A thoughtful editorial in the same issue of this journal points out that although this is an important study, there could be problems in areas such as sampling. Genetic research into the causes of alcoholism and other drug problems has an exciting future! Potential researchers should be aware that genetic and treatment research are currently the stated priorities of the National Institute on Alcoholism and Alcohol (NIAA).

CURRICULUM ISSUES

PARADIGM SHIFT: FACULTY RESPONSIBILITY FOR SUBSTANCE ABUSE ISSUES

At the August meeting of the Central Texas Consortium, the University of Texas Health Science Center in San Antonio sponsored a colloquium on the role of faculty in infusing alcohol/drug prevention information in diverse course content. Discussion focused around the paradigm effect as presented by Thomas Kuhn in The Structure of Scientific Revolutions. A paradigm is a set of rules and regulations which establish cognitive boundaries to help us solve problems. Resistance to change occurs because paradigms selectively filter information to the scientist's mind. Simply stated, people don't accept new information easily if it competes with information which fits an established personal paradigm. If change is to occur, we must find ways to change existing cognitive paradigms. Most of the morning session focused on developing new structures for thinking about answers to the following two questions.

1. What is your paradigm as a teacher for responding to students who live in a *chemical society*? (e.g., students who are not performing up to their potential?; peers and students struggling with substance abuse problems?; personal views affected by media?)

2. How can substance abuse prevention be integrated into the content of higher education courses? (e.g., what is the impact of substance abuse on the lives of authors studied in an English literature course?; how is business productivity affected?; how are family and individual dynamics impacted? etc.).

A Very Successful Event!

L to R-Drs. David Shapiro, Barbara Lust, Joe Kobos. UTHSCSA FIPSE Program Staff at the August '90 Central Texas Consortium meeting on curriculum infusion at UTHSCSA.

One participant termed the colloquium " a watershed in involving the academic community in prevention strategies." This meeting was favorably mentioned by U.S. Secretary of Education, Lauro Cavazos, in his address to the Third National Forum on Substance Abuse Issues in Higher Education in Washington, D.C. on September 25.

HUSTON-TILLOTSON COLLEGE SHARES PARADIGM

The following statement of philosophy on alcohol and drug abuse was distributed as a draft concept for the Central Texas Consortium meeting as part of a materials exchange program.

Huston-Tillotson College is dedicated to providing education opportunities for a diverse student population who possess the desire and capability for achieving intellectual, personal and social growth. Those seeking higher education assume a greater responsibility as decision-makers and leaders in our society, and thus are expected at Huston-Tillotson College to become knowledgeable about the significance of substance abuse to the individual and to the future of our society.

The education experience provided by the College seeks to identify the strengths of individual students in order to encourage their highest achievement. The education experience cannot be maximized, nor can an adequate assessment of strengths and needs be identified if a student is under the influence of a chemical. Illegal drug and alcohol abuse or dependency interferes with academic success. Chemically influenced behavior becomes a negative influence within, and causes additional problems for, the individual and the College community.

Huston-Tillotson College believes that the illegal use of controlled substances, or performance-enhancing drugs violates the tenets of the Mission Statement, upon which all programs at Huston-Tillotson are based. Furthermore, the College upholds all laws of the Federal government and State of Texas concerning the use, abuse, or sale of any controlled substance by students, faculty, and staff.

Except when prescribed by a medical doctor, the sale, procurement, or use of any controlled substance is forbidden on or off campus, as it contributes to such use by others. Students, faculty and staff under the influence of alcohol or illegal drugs are in violation of institutional philosophy and regulations.

Huston-Tillotson College believes that alcohol and drug abuse is a serious social problem. Educational experiences regarding the dangers of substance abuse are provided in the curriculum and through special programs and seminars. These education programs encompass the full range of substance abuse including the abuse of alcohol, tobacco, smokeless tobacco, and certain prescribed drugs.

Huston-Tillotson College also believes that intercollegiate athletes hold a special place in the college and, through their public representation of the college serve as role models for their peers. The opportunity to participate in intercollegiate athletics is a privilege granted by the College, not a right; therefore, all athletes are required to abstain from the use of illegal drugs, performance enhancing agents, and alcohol abuse.

SASHE

SUBSTANCE ABUSE SPECIALISTS IN HIGHER EDUCATION–(SASHE)

SASHE is an organization for individuals. There are substance abuse prevention organizations for institutions of higher education, but until now no organization has existed for professionals in higher education. The purpose of SASHE is to encourage and support professionals who have as their responsibility, or as part of their responsibility, alcohol and drug abuse education, prevention and treatment in Texas colleges and universities.

Our goal in SASHE is to develop a membership network for the exchange of ideas, information, programs, materials and practices. As professionals working toward a common goal, sharing information on what works and what does not is invaluable in saving time and funds.

Because new regulations, requirements and research findings come about all the time in the alcohol and drug field, it is also our goal to identify and communicate current issues that affect our members and to promote and encourage program research and development.

SASHE membership is composed of college and university professionals, students studying alcohol and drug abuse and its prevention, other individuals approved by the board, and benefactors who provide material support.

♦♦♦

MARJORIE WATERS TAKES THE GAVEL AS NEW SASHE PRESIDENT

Marjorie Waters, the coordinator of the North Texas Challenge at the University of North Texas, officially assumed the presidency of SASHE at the June meeting in Ft. Worth. She follows outgoing president, Barbara Herman of TCU.

Marjorie has overseen the North Texas Challenge since 1988. She has her M.Ed in Counseling and Student Services and is both CADAC and LPC certified.

In addition to her work at North Texas, she is a counselor in private practice dealing mainly with children, adolescents, and families. She has also provided direct services to groups and individuals. With Marjorie's leadership skills and outstanding work in the field of substance abuse and higher education, SASHE is sure to have a great year of continued definition and growth.

SECRETARY - ALICE WYGANT

Alice Wygant is the director of the Alcohol and Drug Awareness Program at the University of Texas Medical Branch at Galveston. She holds two master's degrees, one in Studies of the Future and the other in Library Sciences.

♦♦♦

TREASURER - DENNIS REARDON

Dennis Reardon is the coordinator of the Center for Drug Prevention and Education at Texas A & M. He is also a facilitator and consultant to Recovering Youth Continuing Care at Parkside Medical Service. He has a Ph.D. in Safety Education.

♦♦♦

OUT-GOING PRESIDENT - BARBARA HERMAN

Barbara Herman is the coordinator of Alcohol and Drug Education at Texas Christian University and is SASHE's president ex-officio. She will receive her Ph.D. from TCU in 1990 and has been extensively involved in programing, consulting, and training in the substance abuse field.

♦♦♦

SUMMER SASHE MEETINGS "PIGGY-BACK" STATEWIDE CONFERENCES

The first SASHE meeting of the summer was held on June 10 in conjunction with the Higher Education Leaders/Peer Network Conference at Texas Christian University. Barbara Herman of TCU presided, organizing the group into committees and asking them to report concerns and discussions to the general meeting.

The meeting concluded with the resolution of committee goals and objectives, and the induction of new president, Marjorie Waters of North Texas.

SASHE met for the second time during the summer on July 30 at the Texas Commission on Alcohol and Drug Abuse Annual Institute in Austin. Marjorie Waters led the discussion in which committee activities were updated and further structure was given to SASHE as an organization.

NINETEEN SCHOLARSHIPS AWARDED TO MEDICAL STUDENTS AT UTMB

Every year the J.M. and Scaife Foundations award 200 scholarships which enable medical students to attend alcohol and drug abuse training institutes around the country. This year, medical students at the University of Texas Medical Branch were awarded nineteen of the two hundred available scholarships.

The purpose of the medical student program, now in its sixth year, is to provide students with a comprehensive understanding of alcoholism and other drug dependencies and enhance knowledge and basic skills on the identification, intervention and treatment of alcohol and other drug dependencies.

The Alcohol and Drug Awareness Program at UTMB under the direction of Alice Wygant publicized the scholarship competition and facilitated student applications.

UTMB siudents attended institutes at the Betty Ford Center, Hazelden, the Johnson Institute, Morehouse School of Medicine, the Texas Commission on Alcohol and Drug Abuse, the University of Utah, and the National Rural Institute on Alcohol and Drug Abuse.

THE UNIVERSITY OF NORTH TEXAS SENDS FIPSE INTERN

Brian Bowden, a graduate student in Counselor Education at the University of North Texas spent the summer in Washington, D.C., as an intern provided by Funds for the Improvement of Post Secondary Education (FIPSE). The U.S. Department of Education awarded the internship to Brian as a result of a nationwide call for applications from the FIPSE grantees. The University of North Texas received a supplement to their existing grant to cover his living expenses.

Brian was selected to work specifically in the drug prevention programs in higher education office. During the summer, he worked on several major projects, one of which included research on a paper entitled, "Theoretical Solution to Assist R.A.s in University Alcohol and Drug Abuse Policy."

Other projects included organizing materials for final grant reports, cleaning up the data-base on grantees, and a mail-out for the grantee meeting this fall. He also familiarized himself with other departments having to do with substance abuse. According to Brian, "There is a considerable amount of dollars for drug and alcohol programs and I wanted to get a feel for what is available".

♦♦♦

SASHE NEWS!!!

If you have information to share with your colleagues about yourself, your institution, or any other event or program that may be of interest, please send it to our SASHE information coordinator, Ann Slack. She plays a key role in helping facilitate the state news and information. Send to

Ann Slack
Southern Methodist University
302 Hughes-Trigg Student Center
Dallas, Texas 75275
(214)692-4564

♦♦♦

At the July 30, 1990 SASHE meeting in Austin, Texas, H.H. Howze pointed out that because of our professional diversity and locations, the entire membership of SASHE may never meet together; thus, minutes and *Linkages* will be an important means of communication. If members would like copies of the minutes, laws or materials on the Drug-Free Workplace Act, contact:

Alice C. Wygant, SASHE Secretary
University of Texas Medical Branch
Galveston, Texas 77550
(409) 761-1462

♦♦♦

If you are interested in joining SASHE, please send your name, address, telephone number, and a $10.00 check for membership dues to:

Ann Slack, Assistant Coordinator
Alcohol and Drug Abuse Prevention
Southern Methodist University
302 Hughes-Trigg Student Center
Dallas, Texas 75275
(214) 692-4564
FAX (214) 692-4572

ENHANCEMENT

QUALITATIVE RESEARCH: A DIRECTION FINDING TOOL

Jim Summers, Ph.D.
Health Administration Dept.
Southwest Texas State University
San Marcos, Texas

Those who investigate human behavior in an effort to find patterns, relationships and explanations normally conduct research as a means of advancing these goals. Researchers run studies involving reasonably large sample sizes. The large sample size allows them to produce a large volume of numbers with which to describe their findings. Using the traditional tools of statistical analysis, these researchers then report the patterns or relationships which emerge from the analysis. The article "AIDS on College Campuses: The Alcohol-Drug Connection" in this issue of **Linkages** provides an example of such research.

A team of investigators studied the relationship between unprotected sex with multiple partners, use of alcohol and other drugs, and the transmission of AIDS. With a sample size of 2,174 students, they found expected and unexpected relationships between drug use and sexual behavior. They expressed these findings in ratio terms: those who do X are Y times more likely to do Z than those who do not engage in X. This is the stuff of quantitative research. However, the researchers then went beyond the data to discuss implications and recommendations. What do we know about the validity of these implications and recommendations?

To defend the various recommendations, the authors relied on logical arguments, information from other studies and writings (a literature review), and experience from their work in drug abuse prevention. This is well and good. However, we do not know if the target group will respond as hoped upon implementation of the recommendations. This is where what I call "qualitative research" comes in.

What is qualitative research? Qualitative research consists of investigative methods which test a hypothesis or which seek to obtain more information about the meaning of existing research. However, the methods do not use a sample size sufficiently large to let the powerful tools of statistics come into play. Examples of this might include focus groups, case studies, Delphi, and nominal group analysis studies. I see qualitative research as a direction finding tool, both at the beginning of quantitative research and afterward. In addition to indicating fruitful directions, it posts "dead end" signs before less productive lines of inquiry and ineffective strategy options.

Let us look at how to use qualitative research to develop a hypothesis. Take case studies for example. A person who sees clients may go back and review the records of these clients. This review of several cases may suggest an explanation as to why a set of behaviors has become difficult to extinguish. Of course, these clients are hardly a random sample, nor was the interaction with them in the form of a double-blind experiment. Nonetheless, this review may provide the motivation to engage in more of the traditional scientific quantitative research. As a result of the qualitative small sample review, the researcher will likely have a much better formulation or intuition. In this example, the qualitative research serves as the hypothesis generator for the quantitative research. Let us examine this issue's article on AIDS in this light.

The article goes from extensive quantitative research to recommendations not grounded in the quantitative research. While we may agree as to the cogency of the arguments in favor of the recommendations, a skeptic might challenge them. A common outcome of research is the need for more of it. This is especially true here. Let's look at a recommendation.

Recommendation #2 asks us to develop methods to overcome the belief that "alcohol enhances social pleasure and reduces sexual inhibition." The argument is that personal expectations about the effect of the drug primarily determine the content of the drug experience. Citing cross-cultural anthropological studies, the author concludes that "if a culture believes that alcohol changes behavior, then that behavior is what occurs." In other words, culture, not the drug, determines the behavior that students (and probably most Americans) now believe is a physiological effect of ingesting alcohol. Let's look at this recommendation more closely in light of the research.

The study found that alcohol consumption led to more frequent unprotected sexual behavior. Since we want to reduce unprotected sexual activity owing to its higher likelihood of transmitting AIDS, then we would want to reduce the incidence of alcohol consumption. Thus, we have the following recommendation: "To counter this effect, health educators should present scientific evidence which fails to support the alcohol-disinhibition hypotheses and lets the students arrive at their own conclusions."

Note that this recommendation is not based on the

quantitative study. The quantitative study merely confirms a correlation between alcohol use and unsafe sex. However, the authors' recommendation is based on denial that alcohol per se is the causal mechanism for unsafe sex. Instead, the construct "expectations of reduced sexual inhibition" is what leads to the drinking behavior. Thus, the correlation is not between alcohol consumption and unsafe sex, but between a belief system and unsafe sex. If the authors are correct, then the alcohol is irrelevant and it is the belief system which must change. **However, the study did not test for the presence of the belief system.** It tested for correlation between alcohol consumption and unsafe sex. Thus, the authors base their recommendations on something not at all tested by the research. Does this mean the authors have lost their way or that the recommendations lack value? It calls for more research and I suggest use of qualitative research.

What can qualitative research do at this point and what type should the investigators employ? I suggest use of a focus group. A focus group takes a small group of people who are representative of the sample and probes their opinions more deeply than the usual survey instrument. Various techniques exist to improve the reliability and validity of the focus group, but these lie outside the scope of this article. Owing to the small size and the relatively unstructured process, the output achieved from analysis of a focus group will not pass tests for statistical significance. What does occur is the relatively inexpensive testing of ideas suggested by the research.

Let's say we present the idea in the focus group that cultural expectations internalized by the individual generate the experience of social pleasure and lessened sexual inhibition. Would this have any effect on the target group? The focus group would assist those developing preventive strategies to determine the value of this approach and the difficulty of using it. What if everyone in the focus group said the information assuredly would mean that they would no longer be as likely to reduce their sexual inhibitions as a result of drinking? The basic empirical question remains. Would actual behavior changes occur in the target group as a result of the information?

If a majority of the focus group thought the information interesting, but unlikely to influence them, then the researcher may want to reevaluate the idea and perhaps focus on other strategies. However, we still do not KNOW what effect the information would have on behavior. We only have statements. Nonetheless, my inclination is to expend my time and money in research and prevention strategies which the target group at least agrees would make a difference. Thus, following this approach, a focus group assists the researcher in three major ways:

- Testing of a hypothesis or strategy without great expense when compared to quantitative research.
- Assists the researcher to better define the instruments which more expensive quantitative research would require.
- Enables the researcher to better fashion experiments designed to see if following the recommendations makes any difference to the behavior of the target group, regardless of what they said in the focus group.

Qualitative research has an important role to play both before and after quantitative research. It can help focus the hypothesis and the methodology before conducting extensive quantitative research. After the research, it can help test the implications of the study and help clarify future directions for research. When money for research is short, qualitative methods can help us achieve more knowledge for the buck. When time is short we can use such methods to test recommendations so that we only pursue those with the greatest likelihood of success. Given the problems we face, we have little time to squander our efforts, our time, or our money on strategies which have little leverage on behavior.

***

QUALITATIVE GROUP METHODS

A **Delphi** study is a three step process. 1. The investigator determines a list of experts in a particular field. 2. Those experts are then asked to provide their opinions about a topic, without knowledge of what the other experts may say. The investigator then assembles the responses and determines the range of the responses and the frequency. 3. This information is then presented back to the experts and they are asked if their opinions will change on the basis of knowing where they stand in the overall group and knowing what the others think. The evaluator may choose to label the responses by individual experts or simply identify a list of all the participating experts. *(contributed by Jim Summers)*

NOMINAL GROUP PROCESS

The Nominal Group Process focuses on individuals who express interest in a specific topic. Analysis is done individually and interactively as a group member. Different authors have described the nominal group process in varying manners. The method described below is a version which streamlines the process in order that it could be done within an hour or less. It contains seven steps.

1. **Thinking.** Group members (6-8 people) are asked to individually think about an area of focus for a specific topic. Examples: "What are three chief barriers to using condoms." or "What are two effective techniques to remain friends if you refuse to ride with a drunk friend who insists on driving." (5-15 minutes)

2. **Identifying.** Individuals list ideas on separate sheets of paper without discussing the topic. (5-10 minutes)

3. **Reporting.** Each member reads their list and makes no comment unless there is a specific need to clarify intent. This process helps other individuals express opinions which may be divergent from peers. (About 5 minutes)

4. **Collating.** Ideally most of the collating can be done simultaneously with reporting by members stacking similar ideas on top of each other. The leader may need to help merge ideas or identify important classification differences.

(About 5 minutes if the answers aren't complex.)

5. **Endorsing.** Once the ideas are labeled and collated, the group can then "endorse" the list as reflecting the intent by the separate members. If there is confusion, the list can be refined. (About 5 minutes)

6. **Discussing.** After the group agrees on the general list describing the category of problem, the topics can be discussed. (15-20 minutes)

7. **Nominating.** Each member is then asked to individually list (without discussion) the problem(s) which they feel are **most** critical. These responses can then be quantified and listed in order to identify top perceived concerns. (5 minutes) *(contributed by D. Varenhorst)*

CONSORTIA IN HIGHER EDUCATION

Realizing there is strength in numbers, institutions of higher education are joining forces to combat substance abuse on their campuses. They're coming together due to the Fund for the Improvement of Post-Secondary Education (FIPSE) which, in addition to institutional funds, provides two-year grants for the formation of consortia that provide a forum for sharing ideas, information and resources.

FIPSE consortia are as varied as the regions they represent. Some limit their membership to four-year institutions or to community colleges; others include a wide variety of institutions, such as trade and religious schools. All, however, serve as an invaluable network and support system for administrators, substance abuse counselors and other key personnel. By sharing information and first-hand experience of what works and doesn't work in terms of programming, training and evaluation, consortium members gain valuable knowledge and skills that make them more effective on their respective campuses.

Central Texas Consortium For Drug Abuse Prevention

Although the consortium was founded in fall 1989 with a $32,000 FIPSE grant, its beginnings can be traced to 1988, the year Southwest Texas State University in San Marcos received an institutional FIPSE grant of $171,000 to create the Alcohol, Drug Education Prevention Training (ADEPT) program.

"After a year in existence, we at ADEPT felt we had a good thing going and could provide leadership in our area," said Director H.H. "Pancho" Howze, who subsequently applied for consortium funding. Today the 22-member consortium represents the majority of higher education institutions in the San Marcos-San Antonio-Austin area. It includes both public and private four- and two-year schools. Although the schools differ in size and mission, the issues they face "cut across the lines," Howze said. "By meeting and sharing information you get exposed to a broader way of doing things."

The consortium, coordinated by ADEPT, meets monthly on different members' campuses. Representatives who attend meetings include health center personnel, counselors, deans, faculty members, and directors of residential life. Student leaders are currently being designated to join in consortium efforts.

Host institutions plan their own agenda and arrange for speakers with the help of the consortium's planning committee. (The consortium also has an advisory council that meets with Howze to chart the group's overall direction). Monthly meetings consist of morning, lunch and afternoon programs and cover a wide variety of topics, including peer counseling, current treatment issues and referral options, faculty involvement, institutional substance abuse policies, and implementation and evaluation of substance abuse surveys. The consortium also held a special meeting in August at the University of Texas Health Science Center in San Antonio on curriculum infusion and faculty involvement. Nearly 100 faculty from member institutions attended.

According to Howze, one of the major successes of the consortium is the implementation of drug and alcohol abuse surveys among students, faculty and staff at several member institutions. "As a result, we now have broad-based comparative data from institutions of various kinds in central Texas," Howze said. "This will help provide institutions with good baseline data for improving programs and establishing the need for additional grant moneys at their own institutions." The surveys, among other data, document a rise in alcohol use among female students, and establish a link between alcohol abuse, unprotected sexual activity, and the contraction of venereal disease.

As the consortium enters its second year of funding, plans are being made to keep it going. "We've thought of asking institutions to commit to hosting the consortium and paying for everyone's lunch, which is the big expense," Howze said. Plans might also include seeking corporate sponsorship or dividing the group into several smaller consortia.

Source: INSIGHTS, newsletter of the National Organization of Student Assistance Programs and Professionals. Vol III, #3, Summer 1990.
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NETWORK OF COLLEGES AND UNIVERSITIES COMMITTED TO THE ELIMINATION OF DRUG & ALCOHOL ABUSE

American society is harmed in many ways by alcohol abuse and drug use–decreased productivity, serious health problems, breakdown of the family structure and strained societal resources. Problems of abuse have a pervasive impact upon many segments of society–all socioeconomic groups, all age levels, and even the unborn. Education and learning are especially impaired by alcohol abuse and drug use. Abuse among college students inhibits their educational development and is a growing concern among our nation's institutions of higher education. Recent national and campus surveys indicate that alcohol abuse is more prevalent than drug abuse and that institutions increasingly are requesting community support and mounting cooperative efforts to enforce their policies.

As higher education entered the 1980s, there was clear recognition that alcohol and other drug abuse were major problems. Institutions responded by increasing disciplinary sanctions and educational programs. The higher education community, through various professional associations, also took action. In 1981, the Inter-Association Task Force on Alcohol and Other Substance Abuse Issues was created. That Task Force, made up of representatives of various higher education associations, developed college marketing guidelines targeted at the sale and distribution of alcohol products on U.S. campuses. With the cooperation of colleges and universities in 1984, the task force created National Collegiate Alcohol Awareness Week and established a model campus alcohol policy.

In 1986, Congress responded to the national problem by passing the Drug-Free Schools and Communities Act "to establish, implement and expand programs of drug abuse education and prevention (including rehabilitation referral) for students enrolled in colleges and universities ... "Unfortunately, colleges that attempt to institute model programs or effective strategies for coping with problems of drug abuse will find sparse information available in the national data bases and no formal mechanisms for sharing information.

In 1987, the U.S. Department of Education's Office of Educational, Research and Improvement responded to the higher education community's need for assistance by calling for a network of institutions willing to commit time, energy and resources to eradicate substance abuse on their campuses. The stated goals of the Network are to (1) collect and disseminate research and practice-based knowledge about successful programs; (2) provide a forum and mechanism for continuing communication and collaboration among institutions of higher education; and (3) identify areas and problems for further research and development.

With this purpose in mind, a group of 15 higher education administrators met to develop a set of minimum standards required for institutions to become members in the Network. This group represented a cross-section of individuals concerned with campus substance abuse, and included chief student affairs officers, health educators and legal specialists. The standards formulated at the meeting were reviewed, modified, and affirmed. In December 1987, William J. Bennett, Secretary of Education, convened a group of college presidents representing liberal arts institutions, large universities, military schools, and two-year colleges. This group also reviewed, modified, and affirmed the standards. These standards have been reviewed by professional higher education associations for their endorsement.

Source: Self-Regulation Initiatives: Resource Documents for Colleges and Universities, #5, Aug. 1988, p. 1 and 2. Reprinted by permission. A copy of the entire document is available from the Office on Self-Regulation Initiatives, American Council on Education, One Dupont Circle, Washington, D.C. 20036-1103. $6.50 (ACE member) $8.50 (ACE non-member).

S T A N D A R D S

The Standards for the Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse, define criteria for institutional membership in the Network. The Standards are organized within the four areas of Policy, Education, Enforcement, and Assessment.

A. POLICY

Network members shall...

1. Promulgate policy, consistent with applicable federal, state, and local laws, using such means as the student and faculty handbooks, orientation programs, letters to students and parents, residence hall meetings, and faculty and employee meetings.

2. Develop policy which addresses both individual behavior and group activities.

3. Define the jurisdiction of the policy carefully to guarantee the inclusion of all campus property. Apply campus-based standards to other events controlled by the institution.

4. Stipulate guidelines on marketing and hosting for events involving students, faculty, staff, and alumni at which alcoholic beverages are present.

5. State institutional commitment to the education and development of students, faculty, and staff regarding alcohol and other drug use.

B. EDUCATION PROGRAMS

Network members shall...

1. Provide a system of accurate, current information exchange on the health risks and symptoms of alcohol and other drug use for students, faculty, and staff.

2. Promote and support alcohol-free institutional activity programming.

3. Provide, with peer involvement, a system of intervention and referral services for students, faculty and staff.

4. Establish collaborative relationships between community groups and agencies and the institution for alcohol and drug-related education, treatment, and referral.

5. Provide training programs for students, faculty, and staff to enable them to detect problems of alcohol abuse and drug use and to refer persons with these problems to appropriate assistance.

6. Include alcohol and other drug information for students and their family members in student orientation programs. The abuse of prescription and over-the-counter drugs should also be addressed.

7. Support and encourage faculty in incorporating alcohol and other drug education into the curriculum, where appropriate.

8. Develop a coordinated effort across campus for alcohol and other drug related education, treatment, and referral.

C. ENFORCEMENT

Network members shall...

1. Publicize all alcohol and other drug policies.

2. Consistently enforce alcohol and other drug policies.

3. Exercise appropriate disciplinary actions for alcohol and/or other drug policy violations.

4. Establish disciplinary sanctions for the illegal sale or distribution of drugs; minimum sanctions normally would include separation from the institution and referral for prosecution.

D. ASSESSMENT

Network members shall...

1. Assess the institutional environment as an underlying cause of drug abuse.

2. Assess campus awareness, attitudes, and behaviors regarding the abuse of alcohol and other drugs and employ results in program development.

3. Collect and use alcohol and drug-related information from police or security reports to guide program development.

4. Collect and use summary data regarding health and counseling client information to guide program development.

5. Collect summary data regarding alcohol and drug-related disciplinary actions and use it to guide program development.

ORGANIZATIONAL LINKAGES

The Network of Colleges and Universities Committed To The Elimination of Drug & Alcohol Abuse seeks the participation of colleges and universities who have made a solid commitment throughout their institution to:

- Establish and enforce clear policies that promote an educational environment free from the abuse of alcohol and other drugs.
- Educate members of the campus community for the purpose of preventing alcohol and other drug abuse, as well as educate them about the use of legal drugs in ways that are not harmful to self or others.
- Create an environment that promotes and reinforces healthy, responsible living; respect for community and campus standards and regulations; the individual's responsibility within the community; and the intellectual, social, emotional, spiritual or ethical, and physical well-being of its community members. If your institution wishes to join the Network, the president or chief executive officer should write a letter to Vonnie Veltri at the address below stating that the institution supports and will seek to implement the Network Standards. The standards are listed on page 15.

Vonnie Veltri, Ph.D.
Network Coordinator
Network of Colleges and Universities Committed
to the Elimination of Drug and Alcohol Abuse
555 New Jersey Ave., N.W., Room 502
Washington, D.C. 20208-5644
202/357-6116

Current Consortia are funded by the Fund for the Improvement of Post Secondary Education (FIPSE). These groups facilitate the delivery of prevention services on campuses within a specific geographic region. For additional information, contact individual administrators.

1. The North Texas Consortium is administered by Sam Brito at Southern Methodist University, Dallas, Texas. (214)692-4564
2. The West Texas Consortium is administered by Suzanne Brent at West Texas State University, Canyon, Texas. (806) 656-2340
3. The Central Texas Consortium is administered by H.H. Howze at Southwest Texas State University, San Marcos, Texas. (512) 245-3601

SASHE is an organization which supports individuals.

If you are interested in joining SASHE, please send your name, address, telephone number, and a $10.00 check for membership dues to:

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Linkages, Texas Higher Education Drug Abuse Prevention Digest, is published in the fall and spring by Southwest Texas State University ADEPT Center. The purpose is to update, inform, network, and explore implications for preventing alcohol and other drug abuse.

Items of interest, related materials, photographs, suggestions, and ideas may be sent to the editor.

Linkages becomes a reality through volunteer commitment and sharing. Technical support is funded by the network of colleges and universities committed to the elimination of drug and alcohol abuse.

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